

BEST AVAILABLE COPY

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.	/						61	
2.	/						62	
3.	/						63	
4.	/						64	
5.	/						65	
6.	/						66	
7.	/						67	
8.	/						68	
9.	/						69	
10.	/						70	
11.	/						71	
12.	/						72	
13.	/						73	
14.	/						74	
15.	/						75	
16.	/						76	
17.	/						77	
18.	/						78	
19.	/						79	
20.	/						80	
21.	/						81	
22.	/						82	
23.	/						83	
24.	/						84	
25.	/						85	
26.	/						86	
27.	/						87	
28.	/						88	
29.	/						89	
30.	/						90	
31.	/						91	
32.	/						92	
33.	/						93	
34.	/						94	
35.	/						95	
36.	/						96	
37.	/						97	
38.	/						98	
39.	/						99	
40.	/						100	
41.	/						TOTAL IND.	
42.	/						TOTAL DEP.	
43.	/						TOTAL DEP.	
44.	/						TOTAL CLAIMS	
45.	/							
46.	/							
47.	/							
48.	/							
49.	/							
50.	/							
TOTAL IND.	/							
TOTAL DEP.	/							
TOTAL CLAIMS	80							